U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For One Hard Parky Read THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
1. File Number U - 2675	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Charles Stewart	Name Seafarers International Union of NA	
	Labor Organization File Number 052-789	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 4806 NW 36th Street, #602	Street 5201 Auth Way	
City Lauderdale Lakes	City Camp Springs	
State Florida ZIP Code + 4 33319	State Maryland ZIP Code + 4 20746	
5. Position in labor organization.		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Sign	eture	
undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the	
Signed Wasker & Slewart		

Name of Person Filing Charles Stewart	File Number U- 36	<i>75</i>	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
of from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.	endance at	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name NMU Great Lakes Pension Fund	or other thing of value. 14.a. Nature of payment. Reimbursement of expenses for att	endance at	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name NMU Great Lakes Pension Fund Trade Name, if any:	or other thing of value. 14.a. Nature of payment. Reimbursement of expenses for att	endance at	
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